

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bolosan, Domie	CHAPTER 100.1
Address: 94-039 Waikele Loop, Waipahu, Hawaii 96797	Inspection Date: June 12, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Acetaminophen 500 mg not available as ordered by physician.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>On 6/18/18, the doctor ordered to start Acetaminophen Tablet 500 mg (with instructions). On 9/14/18, he changed this medication order to start Tylenol Tablet extended release 650 mg (with instructions), but failed to document to stop/discontinue previous Acetaminophen order. Upon inspection, I did not have the Acetaminophen Tablet 500 mg available (as it was changed). On 6/24/19, I obtained the doctor's order to stop the Acetaminophen 500 mg, and had him document, sign, and date accordingly.</p>	<p>6/24/19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills not held at various times of the day or night.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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STREET LIGHTING

STREET LIGHTING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Vacant, licensed bedroom being used for storage; extra mattress and box leaning against wall, in addition to storage boxes not associated with care home facility.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>We removed the mattress and box and storage boxes from the vacant bedroom on 6/14/19.</i></p>	<p>6/14/19</p>

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Licensee's/Administrator's Signature: Donie Bolan

Print Name: DOMIE BOLOSAN

Date: JULY 11, 2019

Licensee's/Administrator's Signature: Donie B. Bolan

Print Name: DOMIE B. BOLOSAN

Date: Sept. 6, 2019

SPRINGFIELD
STILLINGHAM

9 JUL 12 09:47